

Written Prior Notice / Meeting Notification

Child's Name Date of Birth		Date of Birth
Parent/Guardian Name		n Name BabyNet ID #
This form is used to provide parents (or guardians) of a child seeking or receiving BabyNet services written notice when certain actions are planned or have been proposed. This notice is required by IDEA Part C – the federal law governing BabyNet. This letter was sent to you for the reason(s) checked below:		
	1. 1	Notification that your child is not (or is no longer) eligible for BabyNet services.
	2. F	Parent/guardian does not want BabyNet services at this time. Child can be referred to BabyNet again any time before age three.)
□ 3	3. N	Meeting needed to complete your child's IFSP. (Initial Annual)
	4. N	Meeting needed for review your child's current IFSP. (6-month review Service change)
□ 5	5. N	Meeting is needed to discuss the following changes to your child's current IFSP:
		a) Request to change LOCATION of one or more service
		\square b) Request to change FREQUENCY, INTENSITY or DURATION of one or more services.
		c) Request to ADD one or more services to the IFSP.
		d) Request to REMOVE one or more services from the IFSP
□ 6	6. <i>A</i>	Assessment:
□ 7	7. (Other (describe below)
NOTES		
A meeting to discuss the action(s) listed above will be held:		
	.9 .	
DATE	·9 ·	TIME
DATE LOCATION The pu	I	TIME te of this meeting is to discuss the action stated above.
DATE LOCATION The pu Parent	I irpos may	te of this meeting is to discuss the action stated above. It invite any additional individuals to this meeting.
DATE LOCATION The pu Parent Parent	I irpos may may	TIME The of this meeting is to discuss the action stated above. Invite any additional individuals to this meeting. Invite any additional individuals to this meeting. Invite any additional individuals to this meeting.
DATE LOCATION The pu Parent Parent Additio	I irpos may may nal i	te of this meeting is to discuss the action stated above. It invite any additional individuals to this meeting.
DATE LOCATION The pu Parent Parent Additio	I irpos may may nal i	te of this meeting is to discuss the action stated above. Invite any additional individuals to this meeting. In request a change in the meeting time and location by contacting the Intake/Service Coordinator. Information included in the Notice of Child and Family Rights in the BabyNet System.
DATE LOCATION The pu Parent Parent Additio	I may may may nal i	the of this meeting is to discuss the action stated above. Invite any additional individuals to this meeting. In request a change in the meeting time and location by contacting the Intake/Service Coordinator. Information included in the Notice of Child and Family Rights in the BabyNet System. It is delivered in person, parent signature is requested to acknowledge receipt.
DATE LOCATION The pu Parent Parent Additio If this for	I irpos may may nal i orm natur	te of this meeting is to discuss the action stated above. Invite any additional individuals to this meeting. In request a change in the meeting time and location by contacting the Intake/Service Coordinator. Information included in the Notice of Child and Family Rights in the BabyNet System. It is delivered in person, parent signature is requested to acknowledge receipt. TIME In the Intake/Service Coordinator. In the BabyNet System. It is delivered in person, parent signature is requested to acknowledge receipt. In the BabyNet System is part of the T-calendar-day of the BabyNet System may occur prior to the T-calendar-day of the BabyNet System may occur prior to the T-calendar-day of the BabyNet System may occur prior to the T-calendar-day of the BabyNet System may occur prior to the T-calendar-day of the BabyNet System may occur prior to the T-calendar-day of the BabyNet System may occur prior to the T-calendar-day of the BabyNet System may occur prior to the T-calendar-day occur prior to the T-calend
DATE LOCATION The pu Parent Parent Additio If this for	I may may may onal i form natur	te of this meeting is to discuss the action stated above. Invite any additional individuals to this meeting. In request a change in the meeting time and location by contacting the Intake/Service Coordinator. Information included in the Notice of Child and Family Rights in the BabyNet System. It is delivered in person, parent signature is requested to acknowledge receipt. Date Date
DATE LOCATION The pu Parent Parent Additio If this for Parent Sign Optional: Luprior notice	I urpos may may nal i form natur unde time	TIME
DATE LOCATION The pu Parent Parent Additio If this form Parent Sign Optional: I uprior notice Parent Initial	I I I I I I I I I I I I I I I I I I I	TIME
DATE LOCATION The pu Parent Parent Additio If this for Parent Sign Optional: I uprior notice Parent Initia	I I I I I I I I I I I I I I I I I I I	TIME te of this meeting is to discuss the action stated above. In invite any additional individuals to this meeting. It request a change in the meeting time and location by contacting the Intake/Service Coordinator. Information included in the Notice of Child and Family Rights in the BabyNet System. It is delivered in person, parent signature is requested to acknowledge receipt. Date TIME TIME Triple Trip
DATE LOCATION The pu Parent Additio If this form Parent Sign Optional: 1 option notice Parent Initial Method of co	I urpose may may may may may made i ime under time als:	TIME te of this meeting is to discuss the action stated above. It invite any additional individuals to this meeting. It request a change in the meeting time and location by contacting the Intake/Service Coordinator. Information included in the Notice of Child and Family Rights in the BabyNet System. It is delivered in person, parent signature is requested to acknowledge receipt. Date Date Date Date Pry: Notice delivered in person Notice mailed (date) Indicator this meeting is to discuss the action stated above. Notice mailed (date) Date Notice mailed (date)
DATE LOCATION The pu Parent Additio If this form Parent Sign Optional: 1 option notice Parent Initial Method of co	I I I I I I I I I I I I I I I I I I I	TIME te of this meeting is to discuss the action stated above. Invite any additional individuals to this meeting. Information included in the meeting time and location by contacting the Intake/Service Coordinator. Information included in the Notice of Child and Family Rights in the BabyNet System. It is delivered in person, parent signature is requested to acknowledge receipt. Date TIME TIME TIME TIME TIME Total Properties Time Time Time Time Time Time Time Total Patien Date Time Date Time Date Time Date Time Total Patien Time Time
DATE LOCATION The pu Parent Additio If this form Parent Sign Optional: 1 option notice Parent Initial Method of co	I urpos may may may onal i i orm matur under time als: delive of CI Coord	TIME te of this meeting is to discuss the action stated above. Invite any additional individuals to this meeting. It request a change in the meeting time and location by contacting the Intake/Service Coordinator. Information included in the Notice of Child and Family Rights in the BabyNet System. It is delivered in person, parent signature is requested to acknowledge receipt. TIME TIME TIME Total Property Service Coordinator. Information included in the Notice of Child and Family Rights in the BabyNet System. Total Property System. Total Property System may occur prior to the 7-calendar-day results of the Interest of the I

INSTRUCTIONS

Written Prior Notice/Meeting Notification (BN011)

A. PURPOSE

The purpose of this form is to provide required written notification prior to any action when any BabyNet service provider proposes or refuses changes in services.

B. USES

- 1. Notification of upcoming IFSP team meetings (initial, annual, 6-month review and/or change reviews);
- 2. Notification of date, time and location of IFSP team meetings; and
- 3. Official notification by DHEC when child is not (or is no longer eligible) for BabyNet services or parent has refused all BabyNet services.

C. Instructions

- 1. Enter child's name, date of birth and BabyNet ID number. (If using BabyTrac generated label with identifying information, place in lower right had corner.)
- 2. Enter parent/guardian name.
- 3. Check reason for notification. If notification is being sent for a reason not listed, check box "5" and enter reason for notification in NOTES section.
- 4. Enter date, time and location of the IFSP team meeting. This meeting must be held at a time convenient to family and providers. (Ideally, this written notice will confirm plans already made with the family since the Intake/Service Coordinator must confer with team members before setting a meeting date.)
- 5. Check method of delivery (in person or mail).
- 6. Complete Intake/Service Coordinator contact information.
- 7. If the form is being mailed:
 - a. Include the Notice of Child and Family Rights in the BabyNet System.
 - b. Enter date form mailed.
 - c. Intake/Service coordinator may request that parent sign and return the form. This is <u>not</u> required.
- 8. If the form is delivered in person:
 - a. Give family a copy of the *Notice of Child and Family Rights in the BabyNet System* (if they do not already have access to one).
 - b. The parent initials and dates if they agree that the activity by the BabyNet System may occur prior to the 7-calendar day notice timeline.
 - c. Keep signed copy for the BabyNet record, leave parent a copy of the form.